CLIA 26D0438672
**Source: (All That Apply)**
- Vaginal
- Ectocervix
- Endocervix
- Endometrial (Uterine Sample)
- Maturation Index (Requires Lateral Vaginal Wall Smear)

**Menstrual Status: LMP (REQUIRED)**
- Regular
- Irregular
- Pregnant
- Post Partum
- Lactating
- Perimenopausal
- Postmenopausal
- Post Hysterectomy
- Cervix Present

**Contraceptive Use?**
- Yes
- No

**Abnormal bleeding?**
- Yes
- No

**Previous atypical cytology?**
- Yes
- No

**Previous tumor?**
- Yes
- No

**Treatment History**
- Infestation History
- Other Clinical Conditions

**Cervicovaginal Cytology (Pap Smear) Disclaimer**
The Pap smear is a screening test used to detect cervical cancer and its precursors; it is not a diagnostic procedure. False negative and false positive results do occur. Pap smear results should be interpreted in the context of pertinent clinical information and biopsy results as indicated.

**CLINICAL DIAGNOSIS AND HISTORY:**
CYTOLOGY LABORATORY REQUISITION

**PATIENT**

- **NAME:**
- **ADDRESS:**
- **CITY:**
- **STATE:**
- **ZIP:**
- **PHONE:**

**REFERENCE #:**

**DIAGNOSIS:**

**PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY:**

- **1-SELF**
- **2-SPOUSE**
- **3-CHILD**
- **4-OTHER**

- **NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT):**
- **ADDRESS:**
- **CITY:**
- **STATE:**
- **ZIP:**

- **MEDICAID #:**
- **STATE:**
- **MEDICARE #:**
- **MEDICARE RETIREMENT OR DISABILITY DATE:**

**INSURANCE COMPANY NAME:**

**PLAN:**

- **CARRIER CODE:**

- **INSURANCE ADDRESS:**
- **CITY:**
- **STATE:**
- **ZIP:**

**PHYSICIAN'S PROVIDER #:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

- **SUBSCRIBER / MEMBER #:**
- **LOCATION:**
- **GROUP #:**

**Cytology Gyn (Pap Smear):**

- **Source:**
  - Vaginal
  - Endocervix
  - Ectocervix
  - Endometrial (Uterine Sample)
  - Maturation Index (Requires Lateral Vaginal Wall Smear)

- **Menstrual Status:**
  - LMP (REQUIRED)
  - Regular
  - Irregular
  - Pregnant
  - Post Partum
  - Lactating
  - Perimenopausal
  - Postmenopausal
  - Post Hysterectomy

- **Cervix Present:**

- **Contraceptive Use:**
  - NO
  - JUD
  - Hormonal
  - Other

- **Abnormal bleeding:**
  - NO
  - YES

- **Previous atypical cytology:**
  - NO
  - YES

- **Previous tumor:**
  - NO
  - YES

- **Treatment History:**

- **Infection History:**

- **Other Clinical Conditions:**

**CytoLOGY: OTHER SOURCES:**

- **Respiratory:**
  - SPUTUM
  - SPUTUM, POST BRONCH.
  - BRONCHIAL WASH
  - BRONCHIAL BRUSH
  - BAL
  - BLADDER (VOID)
  - BLADDER (CATH)
  - URETER
  - URETERAL FLUID
  - FISH BLADDER CA
  - FISH TESTING
  - FINE NEEDLE ASPIRATION SITE:

- **Gastric:**
  - BRUSHING
  - WASHING
  - ESOPHAGEAL
  - BRUSHING
  - WASHING
  - BILE DUCT BRUSHING
  - BILIARY TRACT MALIGNANCY
  - IMMEDIATE EVALUATION OF FINE NEEDLE ASPIRATION
  - OTHER (SPECIFY)

**CytoLOGY #:**

**CLIA 26D0438672**

**PHYSICIAN COPY**

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